

Breast cancer survivors have high quality of life up to 15 years after lumpectomy/radiation

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Women with breast cancer who are treated with lumpectomy and radiation report a high level of overall quality of life several years after treatment that is comparable to a general sampling of the adult women U.S. population according to a survey conducted by physicians at Fox Chase Cancer Center.

"Treatments for breast cancer may decrease quality of life temporarily, but this is evidence that survivors on average will return to a normal quality of life," said Gary Freedman, M.D., an attending physician in the department of radiation oncology at Fox Chase Cancer Center who led the survey. Freedman's research was presented today at the 50th annual meeting of the American Society for Therapeutic Radiology and Oncology.

The study included women with early stage breast cancer treated with breast-conserving surgery and radiation with or without chemotherapy and hormone therapy. During routine follow-up visits with their oncologist, the women were asked to complete a brief questionnaire. Of the 1,050 women surveyed, 32 percent submitted 1 survey, 29 percent submitted 2, 21 percent submitted 3 and 18 percent submitted 4 or more surveys. The women were at various points in their follow-up -- from 3 months to 15 years after treatment. The mean follow-up time between treatment and the survey (midway between the two extremes) was 3 years.

The survey tool used is called EQ-5D, a standardized and validated instrument for measuring health outcomes. There are 5 general questions about health including questions about mobility, self-care, anxiety/depression, pain/discomfort, and ability to perform usual activities. The survey allows for three possible levels of response (1 = no problems, 2 = some problems, or 3 = extreme problems). The answers are combined to determine a health state for each woman at the time of the survey. Considering the 5 questions and 3 possible answers for each, there were 243 possible health states. An index number between 0 and 1 was assigned to each health state. The index scores gathered in this survey were compared to a survey of the general U.S. adult population (Luo et al Med Care 2005; 43:1078-86).

There were no significant differences in health states between patients by age. The mean index score 5 years after treatment was 0.95 for women ages 18-44, 0.90 for women ages 45-64, and 0.88 for women older than 64. The mean index score 10 years after treatment was 0.96 for women ages 18-44, 0.93 for women ages 45-64, and 0.76 for women older than 64.

By comparison, the reported mean index scores for the general U.S. female population by age is 0.91 for ages 18-44, 0.84 for ages 45-64, and 0.81 for women over 64.

"These data appear to show breast cancer survivors have a very high quality of life when compared to the general population," said Freedman.

He added that in four of the five questions, a statistically significant trend was observed with the women moving between none or some problems over the years following treatment. For the question regarding self care, the patients trend up, moving from "no problems" to "some problems." For 3 of the questions—anxiety, pain and ability to do usual

activities-- patients reported improved health states from "some problems" to "no problems."

There were very few women (less than 5 percent) reporting extreme problems with pain, usual activity or self care.

"The brevity of this survey with its 5 questions and 3 possible responses for each, allows us to conduct it quickly in the clinical setting with more patients," Freedman explained. "However, the survey is a general measure of quality of life and does not include information on all possible side effects, such as lymphedema or if the women are happy with their breast appearance."

Source: Fox Chase Cancer Center

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